



Linda McCulloch, Superintendent
Montana Office of Public Instruction
PO Box 202501
Helena, Montana 59620-2501
www.opi.mt.gov
ATTN: Educator Licensure

Request for a Duplicate License

USE THIS FORM TO

Request a Duplicate License

Please update any outdated information.

SECTION I: Educator Information

Last Name	First Name	Middle Name
-----------	------------	-------------

Name as you wish it to appear on your license:

Mailing Address (Street, RFD, PO Box)	City	State	ZIP
---------------------------------------	------	-------	-----

Folio No.	Social Security No.	Date of Birth	Home Phone	Work Phone
-----------	---------------------	---------------	------------	------------

SECTION II: Fee

☐ Send a new license. The required licensing fee of \$6.00 is enclosed.

SECTION III: Signature

Signature	Date
-----------	------